PTO/SB/22 (09-06)
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| PETIT | rion | FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) | |
|---|---|---|--------------------------|-----------|
| (Fee | s pur | FY 2006 uant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | 66818(54716) | |
| Applic | ation | Number 10/618,126-Conf. #6003 | Filed July 11, 2003 | |
| For PITUITARY ADENYLATE CYCLASE ACTIVATING PEPTIDE (PACAP) RECEPTOR (VPAC2) AGONISTS AND THEIR PHARMACOLOGICAL METHODS OF USE | | | | |
| Art Un | nit | 1646 | Examiner | M. D. Pak |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | | <u>Fee</u> | Small Entity Fee | |
| | | One month (37 CFR 1.17(a)(1)) \$120 | \$60 | \$ |
| | X | Two months (37 CFR 1.17(a)(2)) \$450 | \$225 | \$450.00_ |
| | | Three months (37 CFR 1.17(a)(3)) \$1020 | \$510 | \$ |
| | | Four months (37 CFR 1.17(a)(4)) \$1590 | \$7 95 | \$ |
| | | Five months (37 CFR 1.17(a)(5)) \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. | | | | |
| | | | | |
| | Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| x | | | | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, | | | | |
| Deposit Account Number04-1105 I have enclosed a duplicate copy of this sheet. | | | | |
| | | | | |
| Ιa | m the | applicant/inventor. | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |). |
| | | x attorney or agent of record. Registration Number | er 29,325 | |
| | | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | |
| MAZ | | | Marc | h 5, 2007 |
| - | | Signature | Date | |
| | | Ralph A. Loren | | |
| Typed or printed name | | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| | т | tal of 1 forms are submitted. | | |

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